

## TAP Provider Manual

07. **Billing Procedures:** Billing for TAP treatment services should be received by the 15<sup>th</sup> of the month following the month in which services are provided. The invoice for June services should be received by July 10<sup>th</sup> to avoid delay in payment. Mail all information required to:

Arizona Department of Gaming  
Office of Problem Gambling  
202 East Earll Drive, Suite 200  
Phoenix, AZ 85012

**All TAP billing forms should be downloaded from the OPG website at [www.problemgambling.az.gov](http://www.problemgambling.az.gov).**

The following forms are required, when appropriate, for each monthly billing cycle. In the event no services were provided in a given month, a TAP Monthly Evaluation Form (Form C) must be completed and submitted. In no event will reimbursement be made for services provided in excess of 90 days prior to receipt of an invoice.

- A. Open the Excel spreadsheet “OPG Billing forms – 12-12-05.xls”. At the bottom of the spreadsheet there are tabs titled “1-20 Clients”; “21-40 Clients”; “41-60 Clients”; “61-80 Clients”; “Total & Outreach”; and “Invoice”. This is a locked spreadsheet, so you will only be able to select cells in which you need to enter information. Follow the instructions below for each tab.

**B. Client tabs**

Each sheet (“1-20 Clients”; “21-40 Clients”; “41-60 Clients”; “61-80 Clients”) is formatted the same. Begin with the “1-20 Clients” sheet and enter your provider number in the cell in the top left corner. Enter the initials of the person entering data in the cell below. After you enter this information in the “1-20 Clients” sheet, the remaining sheets will enter your provider number and preparer initials automatically.

1. Data entry by column:
  - a. Column completed – no data entry.
  - b. Client #: Enter the last four digits of the client’s social security number. If the client is a re-entry to services

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with you/your agency, add an R (####-R). If the client has received services from another provider, but are new to you/your agency, add an R2 (####-R2). If the client has the same last four digits as another client, add an A (####-A). If the OPG identifies a client as a re-entry or identical number as another client, we will notify you to change your records accordingly.

- c. New Client (New Clt): Enter a “1” if the client is new to your treatment program and has not been billed for under the TAP program. Leave blank if this is not a new client.
- d. Continuing Client (Cont Clt): Enter a “1” if the client began treatment at your site in the TAP in a previous month and is continuing treatment during the reporting month. Leave blank if this is a new client.
- e. Start Date (St Date): Date (day/month/year) client first entered TAP program.
- f. Re-entry Date: Date (day/month/year) client re-entered treatment. Leave blank if not applicable.
- g. Discharge Date (Disc Date): Date client is discharged by the provider. Leave blank if not applicable.
- h. Completed Program?: If the client was discharged in the reporting month, select “Y” from the drop down menu if they were discharged treatment complete or “N” if they did not complete treatment. Leave blank if not applicable.
- i. Assessment Units (AS Uts): If the client received an assessment during the reporting month, enter a “1”. Assessment units are billed per completed assessment, NOT by units (hours) of service. If no assessment was completed leave blank.
- j. Total AS fee: This field will automatically populate when a “1” is entered in column I.
- k. Individual Counseling Units (IC Uts): Enter the number of units of individual counseling provided during the reporting month. All units are 60 minutes in length and must be rounded to the nearest 30 minutes.
- l. Total IC Fee: This field will automatically populate when a number is entered in column k.
- m. Family Counseling Units (FC Uts): Enter the number of family counseling units provided during the reporting

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month. All units are 60 minutes in length and must be rounded to the nearest 30 minutes. Family counseling may be billed when the identified client and at least one affected person are seen by the counselor at the same time.

- n. Total FC fee: This field will automatically populate when a number is entered in column m.
- o. Group Counseling Units (GC Uts): Enter the number of group counseling units provided during the reporting month. Group units are to be billed when the identified client is seen conjointly with a minimum of one other identified client.
- p. Total GC fee: This field will automatically populate when a number is entered in column o.
- q. Crisis Phone Counseling Units (CPC Uts): Enter the number of crisis phone counseling units provided during the reporting month.
- r. Total CPC fee: This field will automatically populate when a number is entered in column q.
- s. Phone Counseling Units (PC Uts): Enter the number of phone counseling units provided during the reporting month.
- t. Total PC fee: This field will automatically populate when a number is entered in column s.
- u. Total units per client: This field will automatically populate from the numbers entered in columns i, k, m, o, q and s.
- v. Total fee per client: This field will automatically populate from the fees in columns j, l, n, p, r and t.
- w. Insurance Paid: Enter the amount of funds received from insurance or third party reimbursement for services reported.
- x. Private Paid: Enter the amount of funds received from client co-pays and/or other private sources for services reported.
- y. Sum Paid: This field will automatically populate with the total from columns w and x.
- z. Balance: This field will automatically populate with the difference between columns v and y. This is the amount of reimbursement to be billed to the OPG for each client.

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Repeat the billing procedure above for all clients seen. Use the sheets sequentially, so that if you see less than 21 clients you only have to complete the information on the “1-20 Clients” sheet. You can leave the other client tab sheets blank.

### C. **Total & Outreach tab**

On the top of the “Total & Outreach” sheet there is a table titled “Treatment Services”. This table will automatically populate with the information entered on the client tab sheets. The amounts shown on this table will equal the totals for all services provided during the reporting month. The “balance” column on the “Treatment Services” table will equal the amount of reimbursement to be requested from the OPG for the month for treatment services. Below the “Treatment Services” table is an “Outreach Services” table. If you performed **pre-approved** outreach services, report them here. Enter the date the outreach was performed, the location (be as specific as possible), the estimated number of people attending, a contact person who attended the outreach, and their contact information. Then enter the actual number of hours that the outreach was performed. DO NOT include travel time, preparation time, etc. The total amount of reimbursement for each activity will be calculated when you enter in the number of hours.

### D. **Invoice tab**

At the top of the sheet, enter the service month for which you are billing and the date you are submitting the invoice to the OPG in the appropriate cells. Then enter your agency mailing address and phone number in the spaces provided.

The table with the billing itemization will be populated with the data you entered on the client tabs and the Total & Outreach tab. Verify the numbers are correct then print the Invoice, Total & Outreach, and all applicable client tab sheets. Then sign and date the invoice in the spaces provided.

### E. **TAP Consumer Intake Form (Form B)** All new consumers for whom an assessment is being billed must have an intake form completely filled out to be eligible for reimbursement. If no assessments were completed in the billing period, no intake forms are required.

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- F. **G-SAS** In addition to the consumer intake form, all new consumers must complete a pre-treatment G-SAS. All consumers being discharged from treatment must also complete a post-treatment G-SAS. If no consumers were admitted or discharged in the billing month no G-SAS forms are required.
- G. **TAP Monthly Evaluation (Form C)** Indicate any issues, accomplishments, challenges and/or events that transpired in relation to the TAP program over the month for which services are billed.
- H. **Outreach Request (Form D)** Complete for any proposed outreach activities for the month following the current billing cycle. All outreach activities must be pre-approved by the OPG. This form is not required if no outreach activities are planned.
- I. **Send in all applicable forms**  
The OPG will not process an invoice until all required documentation is received at the OPG. A complete set of billing forms will include:
- i. Invoice (Form A-1)
  - ii. Billing Itemization forms reporting services provided for all clients served (Form A-2)
  - iii. Client Intake Form (Form B) for each assessment billed
  - iv. G-SAS for each client entering or discharging from services
  - v. Monthly Evaluation (Form C) – required every month
  - vi. Outreach Request (Form D) if needed